

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Stevie Jackson</b>		COURT CASE NUMBER <b>07C7066</b>	
DEFENDANT <b>City of Chicago, et al.</b>		TYPE OF PROCESS <b>S/C</b>	
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Phil Clines</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>3510 SOUTH Michigan CHICAGO, ILLINOIS 60616</b>		
<b>AT</b>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285 <b>1</b>	
<b>Stevie Jackson, #2006-00602907</b> <b>Cook County Jail</b> <b>P.O. Box 089002</b> <b>Chicago, IL 60608</b>		Number of parties to be served in this case <b>6</b>	
		Check for service on U.S.A. <b>0</b>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

**Phil CLINE was the Superintendent at the time when the Chicago Police beat me and Made up the charges Against me. I'm SURE Phil Cline can be served this Notice at the Above Address. The Above Address is the ONLY ADDRESS I know of where phil CLINE can be served. The CURRENT SUPERINTENDENT OFFICE IS AT 3510 SOUTH Michigan, 5th FLR CHGO IL 60616**

Signature of Attorney or other Originator requesting service on behalf of:

**Stevie Jackson**☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

**02-12-08****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>5 of 5</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk <b>TD</b>	Date <b>02-12-08</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**MRS. MARTIN (Legal Aid) FILED**

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

**4/16/08** **130** **pm**

Signature of U.S. Marshal or Deputy

**MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT**

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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<b>One Service Fee Charged</b>	<b>Same case + location see</b>	<b>process sheet # 1 for charges.</b>
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REMARKS:

**1 OUSM**  
**1 Hour**  
**1 mile**